Billed Entity Applicant #: 131976	Applicant s Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 60 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:**	704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
			17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:**	143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name**	**Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002
21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.			Attachment # **USFATCH0101**
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58934	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)			

23   Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	$6,000

Billed Entity Applicant #: 131976		Applicant's Form Identifier: DMPS4710101

Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)   Page 61 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**

12	**Form 470 Application Number:**	704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A

			17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000

13	**SPIN – Service Provider Identification Number:**	143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001

			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A

14	**Service Provider Name**	**Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58931
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 62 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	**Form 470 Application Number:**	704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
			17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:**	143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name**	Pomeroy Computer Resources, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58968
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	$5,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101

Contact Person:	**Greg Davis**	Phone Number:	**515-242-7773**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** **Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	265517

23	**Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	360,000	0	360,000	360,000	63%	$226,800

Billed Entity Applicant #: 131976	Applicant s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 64 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58991
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	$4,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 65 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # USFATCH0102

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	59005
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	7,500	7,500	50%	3,750

Billed Entity Applicant #:	131976	Applicants Form Identifier:	DMPS4710101

Contact Person:	Greg Davis	Phone Number:	515-242-7773

BLOCK 5: Discount Funding Request(s)   Page 66 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58995
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	90%	$4,500

Billed Entity Applicant #: 131976		Applicant's Form Identifier: DMPS4710101

Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	**Contract Number** (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** **DaVoco Enterprises, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # __USFATCH0102__

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58944
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   **Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	7,500	7,500	80%	6,000

Billed Entity Applicant #: **131976**	Applicant's Form Identifier: **DMPS4710101**
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 68 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	**Service State Date** (mm/dd/yyyy)	**07/01/2001**
		19b	**Service End Date** (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**
21	**Description of this Service:** You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.			Attachment # **USFATCH0102**
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58978
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	**Calculations**			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	$4,000

Billed Entity Applicant #:	131976	Application Form Identifier:	DMPS4710101

Contact Person:	Greg Davis	Phone Number:	515-242-7773

BLOCK 5: Discount Funding Request(s) | Page 69   of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002
21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		Attachment # **USFATCH0102**
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	182009	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	**Calculations**			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	40%	$2,000

Billed Entity Applicant #:	131976	Applicant s Form Identifier:	DMPS4710101

Contact Person:	Greg Davis	Phone Number:	515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 70 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		Attachment # **USFATCH0102**
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58919	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	10,000	10,000	50%	$5.000

Billed Entity Applicant #:	131976	Applicants Form Identifier:	DMPS4710101

Contact Person:	Greg Davis	Phone Number:	515-242-7773

BLOCK 5: Discount Funding Request(s) | Page 71 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # USFATCH0102

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	28992
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

	Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	60%	$3.000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: **DMPS4710101**
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 72 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	**15** Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) **RFP #00-48B**

12 Form 470 Application Number:		**16** Billing Account Number: (e.g. billed telephone number)	**N/A**
	704340000296620	**17** Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	**12/12/2000**

13 SPIN – Service Provider Identification Number:	143008724	**18** Contract Award Date (mm/dd/yyyy)	**01/12/2001**
		19a Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b Service End Date (mm/dd/yyyy)	**N/A**
14 Service Provider Name	DaVoco Enterprises, Inc.	**20** Contract Expiration Date (mm/dd/yyyy)	**06/30/2002**

21 Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22 Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	178587
	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	40%	2,000

Billed Entity Applicant #: 131976		Applicant's Form Identifier: DMPS4710101

Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58983
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	**Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 74 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** **704340000296620**		16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
			17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** **143008724**		18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
			19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
			19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** **DaVoco Enterprises, Inc.**		20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**
21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.			Attachment # **USFATCH0102**
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58957		
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)			

23	**Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	90%	$4,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101

Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 75 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN -- Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # USFATCH0102

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58953
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	$4,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 76 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #	**(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** **DaVoco Enterprises, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58988
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	$4,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**
BLOCK 5: Discount Funding Request(s)	Page 77 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002
21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # __USFATCH0102__	
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58989	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	**Calculations**			

	Recurring Charges				Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	4,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 78 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58967
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	$4,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 79 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58945 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	50,000	0	50,000	50,000	60%	$30,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 80 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #	**(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** **DaVoco Enterprises, Inc.**	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58938 –
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	40%	$2,000

Billed Entit‚ ‚pplicant #: **131976**	Applic‚ . Form Identifier: **DMPS4710101**
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 81 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58952 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	**Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	6,000

Billed Entity Applicant #: 131976	Applicant s Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 82 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143008724	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58981
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	6,000

Billed Entity Applicant #: 131976		Applicant s Form Identifier: DMPS4710101		

Contact Person: **Greg Davis**	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s) — Page 83 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620		16	**Billing Account Number:** (e.g. billed telephone number)	N/A
			17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143008724		18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name DaVoco Enterprises, Inc.		20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.			Attachment # USFATCH0102
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.			58922 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)			
23	Calculations				

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	50%	$2,500

Billed Entity, Applicant #:	131976	Application Form Identifier:	DMPS4710101

Contact Person:	**Greg Davis**	Phone Number:	**515-242-7773**

BLOCK 5: Discount Funding Request(s) — Page 84 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48B**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	SPIN – Service Provider Identification Number: 143008724	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** DaVoco Enterprises, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0102**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58928 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	$5,000